

# United States Senate

WASHINGTON, DC 20510-2309

September 23, 2014

Richard J. Griffin, Acting Inspector General  
Department of Veterans Affairs  
Office of Inspector General  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Inspector General Griffin,

Last night, television station KARE 11 in Minnesota carried a news report about a terrible tragedy at the Department of Veterans Affairs (VA) there. The report indicated that a veteran, 24-year-old Marine Jordan Buisman, died while waiting for care at the VA Medical Center in Minneapolis. In addition, the report indicated that VA records purport to show that this young veteran canceled his appointment and had it rescheduled several days *after* he had passed away, raising serious questions about possible manipulation of those records at VA. Earlier this month, the VA Office of Inspector General (VA OIG) confirmed to my office that you are investigating the claims of two whistleblowers in Minnesota related to the manipulation of scheduling records at VA, which was the subject of a previous news report. I am writing to make sure that you include the tragedy reported in this most recent broadcast in your investigation of scheduling delays and possible manipulation of records at VA.

It is unacceptable for veterans to have their care delayed, and to have those delays covered up, and it is essential that we get to the bottom of what happened at VA facilities. The VA OIG plays a crucial role in investigating the problems that have been identified at VA facilities around the country, and that should include the case of the Minnesota veteran identified in the KARE 11 report. Several months ago I wrote to the Attorney General to urge the Department of Justice (DOJ) to investigate any possible criminal wrongdoing at VA related to scheduling delays and cover-ups of those delays, and I will be writing separately to ask that DOJ investigate this new report as well.

Our nation's veterans have had their confidence shaken in the institution that is supposed to serve them. Congress acted earlier this year to pass legislation that will help fix the problems that have been identified at VA. But we must also make sure that we have fully investigated all possible scheduling delays and manipulated records, and that there is accountability for what happened. Only by getting to the bottom of what happened will our nation's veterans' trust in VA be restored.

Thank you for your attention to this important matter. Please do not hesitate to contact me, or Jeff Lomonaco in my office, at (202) 224-5641.

Sincerely,

A handwritten signature in black ink, reading "Al Franken". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Al Franken  
United States Senator